



Community Hospital of San Bernardino

Community Benefit 2016 Report and 2017 Plan



A message from June Collison, president and CEO of Community Hospital of San Bernardino, and Tony Myrell, Chair of the Dignity Health Community Hospital of San Bernardino Community Board.

Dignity Health's comprehensive approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Community Hospital of San Bernardino shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2016 Report and 2017 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. Dignity Health produces these reports and plans for all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2016 (FY16), Community Hospital of San Bernardino provided **\$6,940,279** in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital's total community benefit expense was **\$10,581,125**.

Dignity Health's Community Hospital of San Bernardino Board of Directors reviewed, approved and adopted the Community Benefit 2016 Report and 2017 Plan at its October 26, 2016 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 909.475.5083.



June Collison
President/CEO



Tony Myrell
Chairperson, Board of Directors

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EXECUTIVE SUMMARY

Community Hospital of San Bernardino (CHSB) serves a broad and diverse population residing in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Seventy-five percent (75%) of discharges come from seventeen (17) zip codes concentrated in the following cities: Bloomington, Colton, Fontana, Hesperia, Highland, Rialto, San Bernardino, and Victorville. The total population of these communities is 877,238.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <http://www.dignityhealth.org/san-bernardino/who-we-are/serving-the-community/community-health-needs-assessment-and-plan>. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are: access to health care for the broader and underserved members of the surrounding community; increased programming emphasizing education for diabetes, obesity, cancer and heart disease; and programs focused on youth development.

In FY16, Community Hospital of San Bernardino took numerous actions to help address identified needs. These included: free education focused on health-related and life skills issues, including asthma and diabetes management and prevention, low cost healthy eating and weight management at the Health Education Center (HEC); a Community Health Navigator to work with the uninsured who visit our Emergency Department; the Stepping Stones Program encouraging youth to further their education and providing an opportunity to volunteer in the hospital; a Community Grants program that promotes collaboration with local non-profit agencies that address the identified health needs; free flu shots for the community as well as community education.

For FY17, the hospital plans to continue current outreach programs, with a couple of expansions. In addition to the Stanford model Chronic Disease Self-Management Program, in FY17 CHSB will offer the Diabetes Empowerment Education Program (DEEP), an evidence-based program for those with prediabetes or diabetes. As a pilot, the Community Health Navigator will focus on five (5) identified high utilizers of our ED to find needed resources. This work will commence following an individualized assessment, including the social determinants of health, in addition to finding resources for their health needs. This pilot project will be in addition to the current process of contacting all uninsured individuals seen in the ED but not admitted.

The economic value of community benefit provided by Community Hospital of San Bernardino in FY16 was \$6,940,279, excluding unpaid costs of Medicare in the amount of \$3,640,846.

This document is publicly available at <http://www.dignityhealth.org/san-bernardino/who-we-are/serving-the-community/community-health-needs-assessment-and-plan>. Written comments on this report can be submitted to Community Hospital of San Bernardino, Community Health Department, 1805 Medical Center Drive, San Bernardino, CA 92411 or by e-mail to Kathleen.McDonnell@DignityHealth.org.

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

Providing quality, compassionate health care services for over 100 years, Community Hospital of San Bernardino was founded by Dr. Henry William Mills in 1910. Community Hospital of San Bernardino joined the faith-based non-profit system of Dignity Health hospitals in 1998. By joining a system with a shared mission and values, CHSB has furthered its collaboration in the community, particularly through a partnership with neighboring St. Bernardine Medical Center, another Dignity Health hospital. Licensed for 347 acute care beds and 84 pediatric sub-acute beds, the hospital has 1,330 employees and is supported by 236 physicians and 19 Allied Health Professionals. In FY 2016 the average daily occupancy was 240.

Major programs and service lines include: behavioral health services, obstetrics, pediatrics, emergency care and adult and children's sub-acute services. As one of two hospitals in the city of San Bernardino, CHSB has a busy Emergency Department that received 63,619 patients in FY2016.

Rooted in Dignity Health's mission, vision and values, Community Hospital of San Bernardino is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Initiative Committee. The board and committee include community members who provide stewardship and direction for the hospital as a community resource.

The Community Benefit Initiative Committee (CBIC) ensures our community programs offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities. The CBIC is a committee of the Community Board and is charged with oversight and decision making on community benefit issues. The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The CBIC also provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Plan. The Vice President of Mission Integration chairs the CBIC and membership includes members of the key staff from Community Hospital of San Bernardino and St. Bernardine Medical Center, including the Director of Community Health who has oversight of our outreach programs. Key community stakeholders also participate on the committee and provide valuable insight into the special needs of the populations they serve.

The Community Benefit Initiative Committee has specific roles and responsibilities as follows:

- Community Health Needs Assessment (CHNA)
 - Determine key stakeholder interviews and focus groups.
 - Based on results of CHNA, prioritize unmet health-related needs to provide for the development of the Implementation Strategy to address these needs.
 - Review and approve the CHNA with recommendation to the Community Board for the same.
- Program Content & Design
 - Review and approve new community benefit program content.
- Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community.

- Program Targeting
 - Ensure access for populations and communities with disproportionate unmet health needs.
- Program Continuation or Termination
 - Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
- Program Monitoring
 - Regular reports are made to the CBIC regarding program progress.

Rosters of Community Board and CBIC members are included in Appendix A.

Community Hospital of San Bernardino's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, health professions education and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – which includes addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health provides a line of credit to the Inland Caregiver Resource Center (ICRC) of working capital for health-related programs. ICRC provides an array of supportive services to family caregivers of adults with brain-impaired conditions (e.g., Alzheimer's disease, traumatic brain injury, etc.).

DESCRIPTION OF THE COMMUNITY SERVED

Community Hospital of San Bernardino (CHSB) serves a broad and diverse population residing in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Seventy-five percent (75%) of discharges come from seventeen (17) zip codes concentrated in the following cities: Bloomington, Colton, Fontana, Hesperia, Highland, Rialto, San Bernardino, and Victorville. The total population of these communities is 877,238.

The Inland Empire continues to suffer the effects of the Great Recession of 2008. Within the service area, unemployment had risen as high as 16.2% in 2010. In some zip codes in our community, as much as 48% of residents live below the Federal Poverty Level. In San Bernardino 92401, 88.5% of individuals live at or below the 200% poverty level, followed by 92411 (72.5%) and 92410 (71.0%). Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. In 2016, San Bernardino County was ranked 47th (out of 56) among counties in California for Health Outcomes by County Health Rankings & Roadmaps¹. Of special significance is the terrorist shooting that took place on December 2, 2015, claiming the lives of 14 county employees and sending our local hospitals into high alert as they tended to the injured as well as our regular patients and visitors.

The following² reflects demographics for the service area:

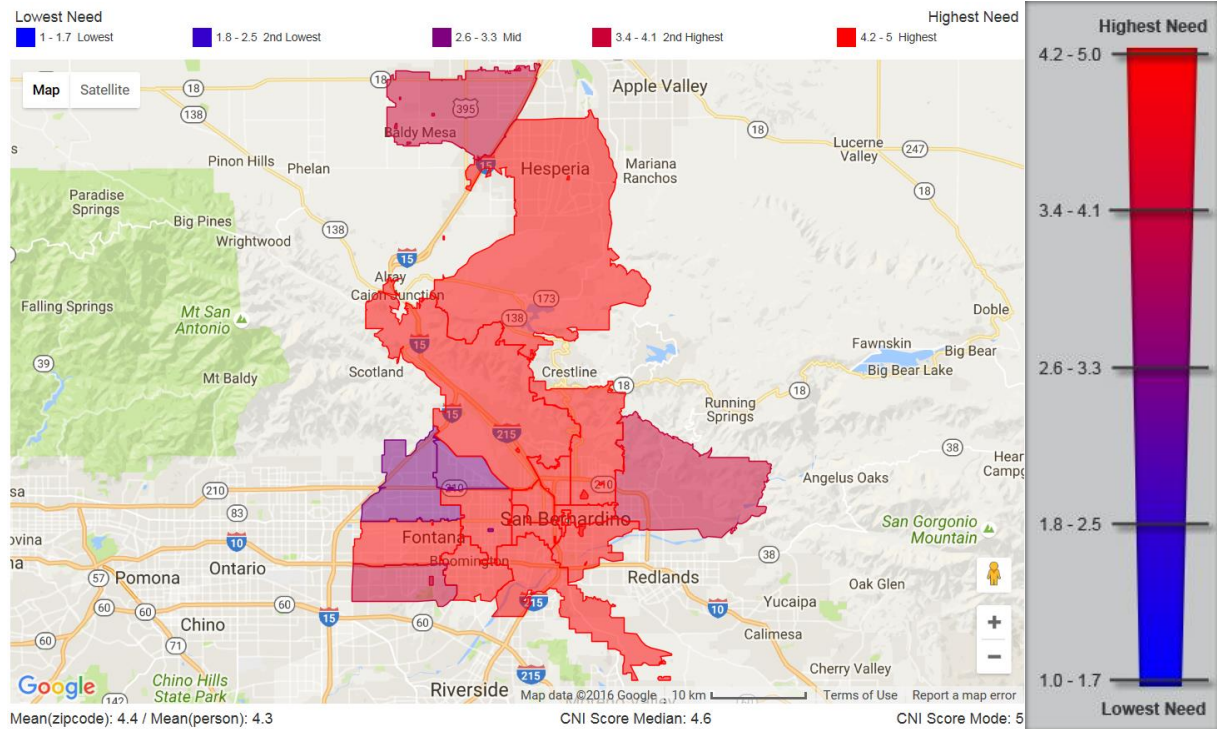
- Total Population: 877,238
- Diversity: Hispanic (66.2%), Caucasian (17.2%), African American (9.8%), Asian & Pacific Islander (4.5%), All Others (2.3%)
- Median Household Income: \$51,506
- Uninsured: 7.9%
- Unemployment: 9.0%
- No High School Diploma: 29.1%
- CNI Score: 4.6
- MediCal Population: 38.8%³
- Other Area Hospitals: 6
- Medically Underserved Areas or Populations: Yes

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The CNI map for Community Hospital of San Bernardino can be found on page 8 of this report.

¹ A collaboration between the Robert Wood Johnson Foundation & the University of Wisconsin Population Health Institute

² Source: © 2016 The Nielsen Company, © 2016 Truven Health Analytics, Inc.

³ Does not include individuals dually-eligible for MediCal and Medicare.



Zip Code	CNI Score	Population	City	County	State
92316	4.2	32702	Bloomington	San Bernardino	California
92324	4.6	58686	Colton	San Bernardino	California
92335	4.6	97899	Fontana	San Bernardino	California
92336	3	97498	Fontana	San Bernardino	California
92337	3.8	38466	Fontana	San Bernardino	California
92345	4.4	84404	Hesperia	San Bernardino	California
92346	4	56747	Highland	San Bernardino	California
92376	4.6	82709	Rialto	San Bernardino	California
92377	2.6	20206	Rialto	San Bernardino	California
92392	4	60618	Victorville	San Bernardino	California
92401	5	2161	San Bernardino	San Bernardino	California
92404	5	59490	San Bernardino	San Bernardino	California
92405	5	29672	San Bernardino	San Bernardino	California
92407	4.4	62807	San Bernardino	San Bernardino	California
92408	5	15228	San Bernardino	San Bernardino	California
92410	5	51463	San Bernardino	San Bernardino	California
92411	5	26482	San Bernardino	San Bernardino	California

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefit Initiative Committee and other stakeholders in the development and annual updating of the community benefit plan.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The most recent CHNA was adopted by the Board of Directors in June, 2014, and was conducted in collaboration with St. Bernardine Medical Center (SBMC). *Biel Consulting, Inc.* was engaged to conduct the assessment for the primary service area of the hospital. Twenty community stakeholders, identified by the Community Benefit Initiative Committee, were contacted and asked to participate in the needs assessment. Interview participants included leaders and representatives of medically underserved, low-income, and minority populations, as well as the local health department that has “current data or information relevant to the health needs of the community served by the hospital facility,” per IRS requirements. *Biel Consulting, Inc.* used this list to collect primary data through stakeholder interviews.

Stakeholder	Title	Organization
Leslie Bramson, Dr.PH	Assistant Professor	Department of Pediatrics, Loma Linda University Medical Center
Aviana Cerezo	Mayor's Office Legislative Aide/ Healthy San Bernardino Coalition Co-Chair	City of San Bernardino
Ellen Daroszewski, NP	Executive Director	H Street Clinic
Deborah Davis	Executive Director	Legal Aid Society of San Bernardino
Beverly Earl	Director, Family & Community Services	Catholic Charities San Bernardino/Riverside
Alexander Fajardo	Executive Director	El Sol Neighborhood Educational Center
Alton Garrett, Jr.	President of Board of Directors	African American Health
Eric Goddard	Director of Administration	CSUSB, Re-Entry Initiative (CSRI)
Salvador Gutierrez	Program Manager	Latino Health Collaborative
Tom Hernandez	Homeless Services Manager	Office of Homeless Services, Department of Behavioral Health
Angela Jones, RN	Health Services Coordinator	San Bernardino City Unified School District
Matthew Keane	Executive Director	Community Clinic Association of San Bernardino County
Chuck Leming	Staff Analyst II	San Bernardino County Department of Public Health, Healthy Communities Program
David Nagler	Pastor/CEO	Central City Lutheran Mission
Faye Pointer	Board Member	St. Bernardine Medical Center
Fr. Stephen Porter	Pastor	St. Catherine of Siena Catholic Church
Terry Roberts	Area Director	American Lung Association of California
Candy Stallings	Executive Director	San Bernardino Sexual Assault Services
Monique Stensrud	Business Development Director, Inland Empire Division Office	American Heart Association
Michael Wright	Community Services Supervisor	City of Fontana, Community Services Department

Additionally, six focus groups were conducted to obtain input from those who are direct recipients of services in the community and included members of medically underserved populations.

Focus Group	Total Participants	Number of Males	Number of Females	Population
El Sol Neighborhood Center	6	0	6	Spanish-Speaking Promotoras
Mary's Mercy Center	7	0	7	Spanish-Speaking Women
Al-Shifa Clinic	8	2	6	Clinic Patients and Staff
Salvation Army Transitional Living Program	12	3	9	Homeless Adults
Goodwill Industries	9	1	8	Employees
Catholic Charities	12	4	8	Program Participants, Age 18-24
TOTAL	54	10	44	

The CHNA was first shared with members of the CBIC and hospital board members, of whom many are community stakeholders. The final report was sent to all who participated in the Key Stakeholder Interviews as well as the Focus Group organizations. The complete Community Health Needs Assessment can be accessed from the Dignity Health Community Hospital of San Bernardino website at <http://www.dignityhealth.org/san-bernardino/who-we-are/serving-the-community/community-health-needs-assessment-and-plan>.

This assessment incorporated both quantitative and qualitative data:

Primary Data Collection

- 20 targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table on page 9).
- 6 focus groups (4 English and 2 Spanish) were conducted with 54 area residents who are clients and direct recipients of community organizations in the service area.

Secondary Data

- Data was obtained from several resources, including California Department of Public Health, Housing Authority of San Bernardino County, HUD, U.S. Bureau of the Census, California Employment Development Department, California Department of Education, California Health Interview Survey, San Bernardino County 2013 Homeless Count and Subpopulation Survey, San Bernardino County: Our Community Vital Signs Data Report 2013, UDS Mapper, Inland Empire United Way and National Cancer Institute.
- Data was broken down by zip code, local, county and state to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues and school/student characteristics.
- Benchmark data compared CHSB community data findings with Healthy People 2020 objectives.

CHNA SIGNIFICANT HEALTH NEEDS

Based on the results of the primary and secondary data collection, significant health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (relative portion of population afflicted by the problem) or the seriousness of the problem (impact

at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem. The identified significant health needs included:

- Access to care
- Alcohol/drugs/tobacco
- Chronic diseases (asthma, cancer, heart disease, diabetes)
- Community growth and enrichment (safety, homelessness, education, economic development)
- Dental health
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive health care (screenings, immunizations)

The Community Benefit Initiative Committee convened to review the significant health needs identified in the Community Health Needs Assessment and to establish the process and criteria to prioritize the health needs. The following criteria were used to prioritize the significant health needs:

- Size of the problem – the relative portion of population afflicted by the problem.
- Existing infrastructure – hospital has programs, systems, staff and support resources in place to address the issue.
- Ongoing investment - existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area – hospital has acknowledged competencies and expertise to address the issue.

Significant health needs identified in the CHNA that will not be addressed are alcohol/drugs/tobacco and community growth and enrichment (safety, homelessness, education, economic development) specific to adult populations. We are strongly committed to breaking the cycle of phenomena (i.e. education, poverty, and employment) that impact the social determinants of health. Therefore our efforts at community growth and enrichment are targeted to youth. The CBIC identified the hospital has limited resources. Therefore, the committee elected to focus on this issue specific to at-risk youth populations as there are existing programs in place with community partners to address these issues with the adult population. Dental and mental health will be considered under the access to care topic, and overweight/obesity is incorporated in the chronic disease category.

CREATING THE COMMUNITY BENEFIT PLAN

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Focus on Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.

- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

CHSB staff provided CBIC with information regarding current programs already addressing identified health needs as well as evidence of success. Programs continue to be impacted by growing need, and it was determined these programs are valuable tools in improving community health. Discussion also focused on programs in the community and the importance of collaborating with local non-profits through the Dignity Health Community Grants Program. These programs and strategies are highlighted on page 13.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

Community Hospital of San Bernardino seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY16 is listed in the Economic Value of Community Benefit section of this report.

Community Hospital of San Bernardino notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2016 REPORT AND 2017 PLAN

This section presents strategies, programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on actions taken in FY16 and planned programs with anticipated impacts and measurable objectives for FY17. Programs that the hospital plans to deliver in 2017 are denoted by *.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

STRATEGY AND PROGRAM PLAN SUMMARY

Initiative I: **Access to Care** including preventive care, dental care resources and mental health resources.

- Financial assistance for uninsured/underinsured and low income residents* – The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.
- Dignity Health Community Grants Program* – The following agencies were funded for programs addressing Access to Care:
 - Legal Aid of San Bernardino/San Bernardino Sexual Assault Services/Libreria del Pueblo
 - Mary's Mercy Center/Inland Behavioral Health Services/Volunteers of America
 - Lestonnac Free Clinic/Well of Healing Mobile Medical Clinic/ El Sol Neighborhood Education Center
 - Salvation Army
 - San Bernardino Sexual Assault Services/Children's Assessment Center of San Bernardino
 - Central City Lutheran Mission/Highland Avenue Lutheran Church/Lutheran Church of our Savior
- Community Education* - Offered free of charge to community members, addressing a variety of health issues.
- Community Health Navigator* - The Navigator contacts all uninsured individuals seen but not admitted in the Emergency Department in an effort to find a more suitable medical home as well as connection to other social services agencies providing basic needs.
- Free flu shots to the community* - In an effort to keep the community healthy, free flu shots will be offered through a variety of flu shot clinics, as well as going to various social agencies to serve their population.

Initiative II: **Chronic Health Conditions:** diabetes/obesity, heart disease, cancer, asthma and COPD.

- Stanford model Chronic Disease Self-Management Programs* – Classes for both chronic disease and diabetes specific will be offered in English and Spanish to community members free of charge.
- Dignity Health Community Grants Program* - The following agencies were funded for programs addressing Chronic Health Conditions:
 - Lestonnac Free Clinic/Well of Healing Mobile Medical Clinic/ El Sol Neighborhood Education Center
 - Inland Caregiver Resource Center/California State University San Bernardino/Sheila Care Foundation

- Sweet Success Program* - Sweet Success Program provides monitoring and education to gestational diabetic women to ensure a healthy birth with a second goal of ensuring better health for the mother post-partum.
- Community Education* – Classes centering on healthy eating and active living will be provided at hospital outreach centers.

Initiative III: **Youth development** with focus on: healthy lifestyle alternatives, teen pregnancy avoidance, education promotion and career development

- Stepping Stones*- Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities.
- Catholic Charities Focus 92411 Community Homework Center receives in-kind space.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Initiative Committee, Executive Leadership, and the Community Board receive updates on program performance and news.

The Dignity Health Community Grants Program works to achieve collective impact for some of our community's most challenging issues. Individual agencies are no longer awarded grants; rather, a collaboration of at least three (3) agencies must come together and partner effectively to promote change. The collaboratives receiving funding in FY2016 are listed on page 15.

Dignity Health CHSB/SBMC Community Grants Program FY2016

Collaborating Organizations	Amount	Program
Central City Lutheran Mission Highland Avenue Lutheran Church Lutheran Church of our Savior	\$27,700	<i>Care Supplies & Self-Care Skills</i>
Inland Caregiver Resource Center California State University San Bernardino Shella Care Foundation	\$24,750	<i>Family Caregiver Short Term Counseling</i>
Legal Aid of San Bernardino Libreria del Pueblo San Bernardino Sexual Assault Services	\$32,519	<i>Building Bridges</i>
Lestonnac Free Clinic Well of Healing Mobile Medical Clinic El Sol Neighborhood Education Center	\$75,000	<i>Community Health & Education Collaborative</i>
Mary's Mercy Center Inland Behavioral Health Services Volunteers of America	\$25,000	<i>Better Health Through Partnership</i>
Salvation Army Dr. Garcia, DDS (In-Kind) Dr. Nguyen, DDS (In-Kind)	\$33,750	<i>Salvation Army San Bernardino</i>
San Bernardino Sexual Assault Services Children's Assessment Center of San Bernardino Gwen Washington, LCSW	\$33,750	<i>Putting Children First</i>
TOTAL	\$252,469⁴	

ANTICIPATED IMPACT

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Initiative Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

PLANNED COLLABORATION

Community Hospital of San Bernardino is dedicated to community building in the surrounding neighborhoods. As a member of the Hospital Association of Southern California (HASC) Community Benefit Stakeholders Committee, CHSB gathers regularly with other local hospitals to address health needs and disparities in the Inland Empire.

⁴ Total reflects the combined commitment from both CHSB and SBMC. CHSB's contribution was \$95,764.

CHSB staff has been integral in a three year process to develop a countywide Community Vital Signs Transformational Plan, beginning with multiple community meetings to define key issues to developing a multi-agency plan to lead change through Education, Economy, Access to Health & Wellness and Safety.

Lastly, the following agencies are involved in our community programs: American Diabetes Association, American Lung Association, Catholic Charities, Community Action Partnership Utilities Assistance, Family Services Association, Housing Authority, IEHP Care Seat Program, Inland Caregivers Resource Center, Latino Health Collaborative, Lestonnac Free Clinic, Mary's Table, Mexican Consulate, Victor Services, WIC (Women, Infants and Children).

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

PROGRAM DIGESTS

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report.

Dignity Health Community Grants Program	
Significant Health Needs Addressed	X Access to Care X Chronic Disease Self-Management X Youth Development
Program Emphasis	X Focus on Disproportionate Unmet Health-Related Needs X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X Demonstrate Collaboration
Program Description	Award funds to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and a link to the hospital.
Community Benefit Category	E1a – Cash Donation
FY 2016 Report	
Program Goal / Anticipated Impact	Build community capacity and expand outreach by identifying and funding CBO collaborative programs that align with hospital priority areas and are based on a Collective Impact Model to address complex health issues.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities. Funded programs will report objectives as a result of CHSB Community Grants on an annual basis.
Intervention Actions for Achieving Goal	Access to care as well as chronic diseases continue to plague our community. Improved opportunities for youth address some of the social determinants of health and are needed if we are to see an improvement in education levels, reduction of youth violence and improved nutrition as our youth enter adulthood.
Planned Collaboration	Agencies receiving funding will demonstrate a strong collaborative partnership with at least two other agencies. Awardees will also have a strong link to a hospital program in order to strengthen the continuum of care.
Program Performance / Outcome	7 collaborative proposals, representing 18 local non-profit agencies, were awarded grants ranging from \$24,750 to \$75,000 addressing access to care and chronic disease.
Hospital's Contribution / Program Expense	\$95,764
FY 2017 Plan	
Program Goal / Anticipated Impact	Focused attention on high utilizers in the hospital will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual and reducing unnecessary financial burden to the hospital.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of CHSB Community Grants on an annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with Director of Community Health to ensure programs are meeting the objectives stated in their grant proposals.
Planned Collaboration	Not only will awarded agencies collaborate with the partners stated on their grant proposal, but they will also continue to work with the Director of Community Health to ensure hospital collaboration. Case Management and Community Health Navigators will play vital roles in collaboration.

Health Education Center	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input checked="" type="checkbox"/> Chronic Disease Self-Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	The Health Education Center is an education site providing a multitude of services targeted to the underserved and their families. In addition to breastfeeding support and education, health educators lead a variety of community education sessions. Vulnerable populations are of highest priority.
Community Benefit Category	A1a – Community Education
FY 2016 Report	
Program Goal / Anticipated Impact	Improve the health of families through education on a variety of topics including diabetes, obesity, stress management, etc.
Measurable Objective(s) with Indicator(s)	Participation will increase 10% in each area of service (education, referrals, breastfeeding) in the HEC. Participants will reflect increased knowledge of education topic and how their actions affect their health. Partnerships with local social services agencies will be strengthened.
Intervention Actions for Achieving Goal	Individuals will complete pre-and post-tests demonstrating knowledge gained from classes. Partnerships with local social services agencies will be strengthened through increased engagement and collaboration.
Planned Collaboration	In-kind space is offered to several local non-profits to better reach the community including: Riverside/San Bernardino Counties Indian Health, Inland Caregiver Resource Center, Blair Park Neighborhood Association, Striders and Inland Coalition (Reach Out West End).
Program Performance / Outcome	329 unduplicated individuals received education at the Health Education Center in FY2015 (42% decrease from FY2015). An additional 1,193 individuals received information and referrals to social services agencies to assist them with a variety of needs (3.79% decrease from FY2015). The Breastfeeding Center contained within the HEC educated 290 new mothers on techniques and the benefits of breastfeeding (58.27% decrease from FY2015). Lower numbers reflect staff conducting education in the community instead of only at HEC.
Hospital's Contribution / Program Expense	\$179,405
FY 2017 Plan	
Program Goal / Anticipated Impact	Improve the health of families through education on a variety of topics focusing on diabetes, heart disease obesity and stress management.
Measurable Objective(s) with Indicator(s)	Due to anticipated staff absence, seek to maintain participation leveles in each area of service (education, referrals, breastfeeding) in the HEC. Participants will reflect increased knowledge of education topic and how their actions affect their health.
Intervention Actions for Achieving Goal	Individuals will complete pre-and post-tests demonstrating knowledge gained from classes. Further population health through strengthened partnerships by the addition of at least one new non-profit community partner.
Planned Collaboration	Continued collaboration with local non-profit agencies.

Community Health Navigator	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self-Management <input type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	The Community Health Navigator follows up by phone all uninsured and homeless patients who were seen in the ED but not admitted. Uninsured patients are provided with community resources (English and Spanish), including the sites offering specialty care. Assistance is provided for enrolling in government sponsored plans as well as arranging referrals for needed services from local non-profit agencies.
Community Benefit Category	A3 – Healthcare Support Services Information & Referral
FY 2016	
Program Goal / Anticipated Impact	Assist the homeless and uninsured in finding a medical home instead of using the ED as a regular source of health care.
Measurable Objective(s) with Indicator(s)	5% of those contacted by the Navigator will receive a referral to a free clinic.
Intervention Actions for Achieving Goal	Navigator follows up by phone all uninsured non-admitted patients who were seen in the ED. ED Admitting staff also provides Navigator information to patients.
Planned Collaboration	Navigator works closely with Director of Community Health and Care Coordination Team from the hospital, as well as several local non-profit social services agencies. Community Health Navigator is now housed in the free clinic across the street from the hospital ED to ensure maximum accessibility to free health care.
Program Performance / Outcome	In FY2016 3,481 uninsured patients were seen in ED and not admitted. Navigator made contact with 30.6%. Of the 1,066 contacted, 685 (64.3%) received a referral to a free clinic.
Hospital's Contribution / Program Expense	\$121,074
FY 2017	
Program Goal / Anticipated Impact	Assist the uninsured in finding a medical home instead of using the ED as regular source of health care. Connection to social service agencies will be provided as appropriate.
Measurable Objective(s) with Indicator(s)	10% of those contacted by the Navigator will receive a referral to a free clinic.
Intervention Actions for Achieving Goal	Navigator will continue to follow up by phone all uninsured non-admitted patients who were seen in the ED within 48-72 hours and will follow up again two weeks later. The Navigator will also be out in the community offering resources as well and building trust. We will initiate a pilot program focusing on high utilizers in the ED to ensure health needs are being addressed, including social determinants of health.
Planned Collaboration	Community Health Navigator works closely with Director of Community Health and Care Coordination Team from the hospital, as well as several local non-profit social services agencies.

Stepping Stones Program	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Care <input type="checkbox"/> Chronic Disease Self-Management <input checked="" type="checkbox"/> Youth Development
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	Responding to the most recent CHNA which reflected a need for youth development programs, especially programs that would support and encourage high school graduation and continued education, Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities.
Community Benefit Category	F5c – Leadership Development; Career Development
FY 2016	
Program Goal / Anticipated Impact	To provide an opportunity for volunteer activities that will deliver exposure to a hospital environment in the hopes of encouraging students to stay in school and consider a career in the healthcare field.
Measurable Objective(s) with Indicator(s)	Increase the number of students in the Stepping Stones Program by 10%.
Intervention Actions for Achieving Goal	Conduct information nights and provide hospital orientation to those entering the program to provide introduction to opportunities and expectations of hospital staff. Opportunities also exist for California State University San Bernardino (CSUSB) interns to gain needed experience in order to fulfill graduation requirements.
Planned Collaboration	Local high schools, San Bernardino Valley College, California State University San Bernardino, Loma Linda University, Inland Empire Job Corps Center, St. Bernardine Medical Center, Health Education Center (HEC), Baby & Family Center.
Program Performance / Outcome	FY16 experienced 224 unduplicated volunteers, an increase of 13.7% over FY2015 participants of 197.
Hospital's Contribution / Program Expense	\$81,589
FY 2017	
Program Goal / Anticipated Impact	To provide an opportunity for volunteer activities that will deliver exposure to a hospital environment in the hopes of encouraging students to stay in school and consider a career in the healthcare field.
Measurable Objective(s) with Indicator(s)	Increase the number of students in the Stepping Stones Program by 10%.
Intervention Actions for Achieving Goal	Continue to conduct information nights and promote the program with local high schools and colleges. Ensure colleges are aware that opportunities exist for interns to gain needed experience in order to fulfill graduation requirements.
Planned Collaboration	Local high schools, San Bernardino Valley College, California State University San Bernardino, Loma Linda University, Inland Empire Job Corps Center, St. Bernardine Medical Center, Health Education Center (HEC), Baby & Family Center.

ECONOMIC VALUE OF COMMUNITY BENEFIT

Community Hospital of San Bernardino

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2015 through 6/30/2016

	Total		Offsetting	Net	% of Organization
	Persons	Expense	Revenue	Benefit	Expenses
Benefits for Living in Poverty					
Financial Assistance	169	1,764,934	0	1,764,934	0.7
Medicaid	63,803	193,813,052	191,507,637	2,305,415	0.9
Community Services					
Community Health Improvement Services	9,108	559,312	0	559,312	0.2
Cash and In Kind Contributions	4,161	1,923,420	0	1,923,420	0.7
Community Building Activities	0	72	0	72	0.0
Community Benefit Operations	0	106,179	0	106,179	0.0
Totals for Community Services	13,269	2,588,983	0	2,588,983	1.0
Totals for Living in Poverty	77,241	198,166,969	191,507,637	6,659,332	2.6
<u>Benefits for Broader Community</u>					
Community Services					
Community Health Improvement Services	1,465	191,691	16,996	174,695	0.1
Cash and In Kind Contributions	246	24,663	0	24,663	0.0
Community Building Activities	911	81,589	0	81,589	0.0
Totals for Community Services	2,622	297,943	16,996	280,947	0.1
Totals for Broader Community	2,622	297,943	16,996	280,947	0.1
Totals Community Benefit	79,863	198,464,912	191,524,633	6,940,279	2.7
Medicare	4,974	19,477,984	15,837,138	3,640,846	1.4
Totals with Medicare	84,837	217,942,896	207,361,771	10,581,125	4.1

Cost Accounting Method Used

APPENDIX A: HOSPITAL COMMUNITY ADVISORY BOARD MEMBERS ROSTER FY2016

Steve Barron
Service Area Vice President, Southern California
Dignity Health

Claudia Davis, Ph.D., Board Vice Chairman
Associate Professor
California State University San Bernardino

Richard Gonzalez, Esq.
Attorney at Law

Gary Greensweig, D.O.
Vice President & Chief Physician Executive for
Physician Integration
Dignity Health

Albert Karnig, Ph.D.
President Emeritus
California State University San Bernardino

Vicki Lee
Homeless Liaison
Family Resource Center

Deisell Martinez, Ph.D.
Managing Member
Deisell Research Institute

Joe Mawad, M.D.
Chairman
CHSB Department of OB/GYN

Tony Myrell, Board Chairman
Owner, Premier Medical Transportation

Gabriel Ramirez
Registered Representative
New York Life Insurance Company

Frank Schnetz
Vice President/Project Developer
Vanir Development, Inc.

Bruce Swartz
Sr. Vice President Physician Integration
Dignity Health

Rachelle Wenger
Director Public Policy & Community Advocacy
Dignity Health

Ex-Officio Voting Member
Hendrik DeJager, M.D.
President, Medical Staff

Ex-Officio Non-Voting Member
June Collison
President, Community Hospital of San Bernardino

COMMUNITY BENEFIT INITIATIVE COMMITTEE FY 2016

Nick Calero
District Director (Senate District 23)
Office of Senator Mike Morrell

Joanne Claytor, LCSW
Care Coordination
St. Bernardine Medical Center

Deborah Davis
Interim Director
Legal Aid of San Bernardino

Beverly Earl
Director, Family & Community Services
Catholic Charities San Bernardino/Riverside

Valthia Head
Associate Administrator
Community Hospital of San Bernardino

Michael J. Hein
Vice President/Administrator
Mary's Mercy Center

Sr. Deenan Hubbard, CCVI
Board Member & Sponsoring Order
St. Bernardine Medical Center

Stephanie Johnson
Manager Marketing & Advertising Southern California
Dignity Health

Jackie Kimball, RN
Manager, Clinical Support Services
St. Bernardine Medical Center

Lowell King
Regional Operations Officer
Goodwill Southern California

Chuck Leming
Department of Public Health
San Bernardino County

Linda McDonald
IESA⁵ Vice President, Mission Integration

Kathleen McDonnell
IESA Manager, Community Benefit

Renee Paramo, RN, IBCLC
Manager, Baby and Family Center
& Family Focus Center
St. Bernardine Medical Center

Faye Pointer
Community Member

Carrie Schmidt
Manager, Volunteer Services
Community Hospital of San Bernardino

Sr. Margo Young, MD
IESA Director, Community Health

⁵ IESA – Inland Empire Service Area (includes Community Hospital of San Bernardino and St. Bernardine Medical Center)

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Dignity Health established a system-wide initiative to address the issue of Human Trafficking. Community Hospital of San Bernardino has embraced this cause, understanding that this crime against the most vulnerable in our society is in direct opposition to our values of dignity and justice. In addition to training staff to recognize the red flags of human trafficking, presentations have been made to community organizations to raise awareness, and collaboration with agencies supporting victims and survivors of human trafficking is underway to build strong, multi-agency resource networks. Dignity Health advocates for laws and policies that prevent exploitation as well as those that protect victims and vulnerable populations, and Community Hospital of San Bernardino's community partners have responded to our requests to express their support of these laws to their legislative representatives.

Dignity Health again partnered with Kids for Peace to sponsor *The Great Kindness Challenge*, a global program that aims to inspire people to make a lifelong commitment to service and kindness. *The Great Kindness Challenge School Edition* is an anti-bullying initiative dedicated to creating a culture of kindness in elementary, middle, and high schools worldwide. Community Hospital of San Bernardino partnered with the San Bernardino City Unified School District to reach 40,000 children in our community and encourage them to perform acts of kindness. The hospital also collaborated with the Superintendent of the Diocese of San Bernardino Catholic to promote the challenge in our local Catholic elementary schools.

As part of our commitment to building healthier communities, CHSB seeks ways to be an example of a responsible employer by reducing our own environmental hazards and waste as well as partnering with others to advance ecological initiatives. Practice Greenhealth recognized Community Hospital of San Bernardino's recycling and stewardship innovations with their Partner Recognition Award in 2016. This year, Styrofoam cups have been replaced in the cafeteria with plastic cups that are more easily recycled.

CHSB staff provides resources and experiences that are generously shared with and sought by the community. Working collaboratively with community partners, the hospital provides leadership and advocacy, assists with local capacity building and participates in community-wide health planning through its involvement with organizations that address specific needs for a healthier and safer community including:

- Community Vital Signs (CVS)
- Hospital Association of Southern California (HASC) Community Benefit Stakeholders
- Diocese of San Bernardino Health Committee

A new collaborative in the Inland Empire, *Convergence*, seeks to provide a larger and more diverse medical workforce to serve the region's growing population. Leadership from Community Hospital of San Bernardino supports the goals of this organization, recognizing health care worker shortages in such positions as nursing assistants, registered nurses, physicians and surgeons. In further support and promotion of diversity in hospital

care, CHSB President June Collison represented Dignity Health at the *Executive Women of Color Summit: Women Leveraging Change*. This summit is hosted by the Leverage Network and designed to provide a trusted environment of sharing and collaboration.

In addition to collaboration with local agencies, Community Hospital of San Bernardino continues to engage in the annual California Statewide Medical and Health Exercise (SWMHE), a realistic exercise meant to aid healthcare entities and their partners in developing operational plans in the event of a community emergency. This exercise is sponsored by the California Department of Public Health and the Emergency Medical Services Authority with representatives from multiple additional agencies. The 2015 California Statewide Medical and Health Exercise was held on November 15, 2015.

This training was never more evident or appreciated than on the morning of December 2, 2015, just 2½ weeks later, when senseless acts of violence played out in our community at the hand of two terrorists. From the first call that came into the hospital, the hospital Command Center was quickly assembled, informing hospital leadership of the actions being taken to protect those in our hospital and outlying centers. As new information came in, safety measures were adjusted – always in a manner that brought confidence to our leadership and a sense of order in what could have turned into chaos. Even as the hospital went into a lockdown mode, staff and visitors were kept informed as much as possible to avoid causing panic. As victims were received in our Emergency Department, staff and visitors were kept safe and patient privacy maintained and respected.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Community Hospital of San Bernardino 1805 Medical Center Drive, San Bernardino, CA 92411
Financial Counseling 909-806-1317 | Patient Financial Services 909-806-1281
www.dignityhealth.org/san-bernardino/paymenthelp.